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Substitute for form 1449/PTO (Revised 07/2007) INFORMATION DISCLOSURE STATEMENT BY APPLICANT					A. P. C. N. L.			Complete if Known				
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					Art Unit			3672				
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(Use as many sheets as necessary)					Examiner Name			Kreck, John J.				
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*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.